

SERFF Tracking Number: GRTA-125414477 State: Arkansas
 First Filing Company: Great American Assurance Company, ... State Tracking Number: #? \$50
 Company Tracking Number: SA AR 0712 ERPE
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
 Liability
 Product Name: Safepak Businessowners Policy Program
 Project Name/Number: BP8341 ed. 12 07 Employment-Related Practices Exclusion / SA AR 0712 ERPE/SA AR 0712 ERPE

Filing at a Glance

Companies: Great American Assurance Company, Great American Insurance Company of New York
 Product Name: Safepak Businessowners Policy SERFF Tr Num: GRTA-125414477 State: Arkansas
 Program
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #? \$50
 Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: SA AR 0712 ERPE State Status: Fees not received
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
 Author: Rose Redman Disposition Date: 01/11/2008
 Date Submitted: 01/04/2008 Disposition Status: Approved
 Effective Date Requested (New): 02/05/2008 Effective Date (New): 02/05/2008
 Effective Date Requested (Renewal): 02/05/2008 Effective Date (Renewal): 02/05/2008
 State Filing Description:

General Information

Project Name: BP8341 ed. 12 07 Employment-Related Practices Exclusion / SA AR 0712 ERPE Status of Filing in Domicile: Pending
 Project Number: SA AR 0712 ERPE Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 01/11/2008
 State Status Changed: 01/04/2008 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:

The Great American Insurance Group, composed of the above referenced companies, hereby submits for your approval, a form filing for the revision of Safepak Businessowners Policy Program's BP8341, Employment-Related Practices Exclusion. This endorsement has been revised to clarify specifically that malicious prosecution is an excluded employment practice and that the exclusion applies whether the injury-causing event described in the endorsement

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occurs before, during or after employment of that person. This mandatory endorsement will be attached to all Safepak policies and has no rate impact.

Company and Contact

Filing Contact Information

Rose Redman, Product Analyst
49 East 4th street
Cincinnati, OH 45202
rredman@gaic.com
(513) 763-7904 [Phone]
(513) 333-6996[FAX]

Filing Company Information

Great American Assurance Company	CoCode: 26344	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 15-6020948	

Great American Insurance Company of New York	CoCode: 22136	State of Domicile: New York
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 13-5539046	

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? Yes

Fee Explanation: 50.00 retaliatory fee for Great American Assurance Company, domiciled in Ohio.

No fee applies to Great American Insurance Company of New York.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Assurance Company	\$0.00	01/04/2008	

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Great American Insurance Company of New York	\$0.00	01/04/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
394205	\$50.00	12/12/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/11/2008	01/11/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
File marked confidential	Note To Filer	Llyweyia Rawlins	01/09/2008	01/09/2008

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Disposition

Disposition Date: 01/11/2008

Effective Date (New): 02/05/2008

Effective Date (Renewal): 02/05/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum, mockup and cover letter	Approved	Yes
Form	Employment-Related Practices Exclusion	Approved	Yes

Note To Filer

Llyweyia Rawlins on 01/09/2008 03:10 PM

File marked confidential

I have noticed the filing is labeled confidential. Once we receive/approve a filing it becomes public record. Is there a specific reason why you want it confidential?

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Employment-Related Practices Exclusion	BP 83 41	12 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 BP 83 41 Ed. 11 06 Previous Filing #: SA AR 0705 SAF2		BP8341 1207.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYMENT-RELATED PRACTICES EXCLUSION

This endorsement modifies insurance provided under the following:

SAFEPAK[®] BUSINESSOWNERS POLICY SPECIAL FORM

1. The following exclusion is added to PART TWO - SAFEPAK LIABILITY COVERAGE FORM, B. Exclusions, 1. Applicable to Business Liability Coverage:

t. "Bodily injury" or "personal and advertising injury" to:

(1) a person arising out of any;

(a) refusal to employ that person;

(b) termination of that person's employment; or

(c) employment-related practices, policies, acts or omissions, such as coercion, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination or malicious prosecution directed at that person; or

(2) the spouse, child, parent, brother or sister of that person as a consequence of "bodily injury" or "personal injury" to that person at whom any of the employment-related practices described in paragraphs (a), (b) or (c) above is directed.

This exclusion applies:

(1) whether the injury-causing event described in paragraphs (a), (b) or (c) above occurs before employment, during employment or after employment of that person;

(2) whether the Insured may be liable as an employer or in any other capacity; and

(3) to any obligation to share damages with or repay someone else who must pay damages because of the injury.

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Company Tracking Number: *SA AR 0712 ERPE*

TOI: *05.0 Commercial Multi-Peril - Liability & Non- Liability* *Sub-TOI:* *05.0000 CMP Sub-TOI Combinations*

Product Name: *Safepak Businessowners Policy Program*

Project Name/Number: *BP8341 ed. 12 07 Employment-Related Practices Exclusion / SA AR 0712 ERPE/SA AR 0712 ERPE*

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/11/2008
Comments:
Attachment:
AR TD1 ffs ERPE.pdf

Satisfied -Name: Explanatory Memorandum, mockup and cover letter **Review Status:** Approved 01/11/2008
Comments:
Attachments:
EXPLANATORY MEMORANDUM.pdf
BP8341 mock.pdf
AR erpe cov .pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: _____ b. Analyst: _____ c. Disposition: _____ d. Date of disposition of the filing: _____ e. Effective date of filing: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: _____ g. SERFF Filing #: _____ h. Subject Codes _____
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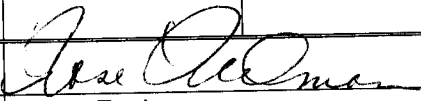
3. Group Name	Group NAIC #
Great American Insurance Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #
Great American Insurance Co of New York	New York	22136	13-5539046
Great American Assurance Company	Ohio	26344	15-6020948

5. Company Tracking Number	SA AR 0712 ERPE
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Rose Redman 49 East Fourth Street Cincinnati, Ohio 45202	Product Analyst	513-763-7904	513-333-6996	rredman@gaic.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Rose Redman

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.0 CMP liability and non-liability
10. Sub-Type of Insurance (Sub-TOI)	5.0000 CMP Sub-TOI Combinations
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing title)	Safepak Businessowners Policy Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 02/05/2008 Renewal: 02/05/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	n/a
17.	Reference Organization # & Title	n/a
18.	Company's Date of Filing	01/04/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	SA AR 0712 ERPE
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The Great American Insurance Group, composed of the above referenced companies, hereby submits for your approval, a form filing for the revision of Safepak Businessowners Policy Program's BP8341, Employment-Related Practices Exclusion. This endorsement has been revised to clarify specifically that malicious prosecution is an excluded employment practice and that the exclusion applies whether the injury-causing event described in the endorsement occurs before, during or after employment of that person. This mandatory endorsement will be attached to all Safepak policies and has no rate impact.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 394205 Amount: 50.00 \$50.00 retaliatory fee, for form filing, which applies to Ohio domiciled company, Great American Assurance Company. No fee applies to Great American Insurance Company of New York.</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		SA AR 0712 ERPE		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		NONE		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Employment-Related Practices Exclusion	BP 83 41 (Ed. 12 07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BP 83 41 (Ed. 11 06)	SA AR 0705 SAF2
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

EXPLANATORY MEMORANDUM

BP8341, Employment-Related Practices Exclusion has been revised to clarify specifically that malicious prosecution is an excluded employment practice and that the exclusion applies whether the injury-causing event described in the endorsement occurs before, during or after employment of that person. This mandatory endorsement will be attached to all Safepak policies and has no rate impact.

BP8341 Ed. 12 07, Employment-Related Practices Exclusion, replaces BP8341 Ed. 11 06.



Administrative Offices
580 Walnut Street
Cincinnati, Ohio 45202
Tel: 1-513-369-5000

BP 83 41
(Ed. 11-06)
12 07

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYMENT-RELATED PRACTICES EXCLUSION

This endorsement modifies insurance provided under the following:

SAFEPAK® BUSINESSOWNERS POLICY SPECIAL FORM

1. The following exclusion is added to **PART TWO - SAFEPAK LIABILITY COVERAGE FORM, B. Exclusions, 1. Applicable to Business Liability Coverage:**

t. "Bodily injury" or "personal and advertising injury" to:

(1) a person arising out of any;

(a) refusal to employ that person;

(b) termination of that person's employment; or

(c) employment-related practices, policies, acts or omissions, such as coercion, demotion, evaluation, reassignment, discipline, defama-

tion, harassment, humiliation or discrimination, directed at that person; or *malicious prosecution*

(2) the spouse, child, parent, brother or sister of that person as a consequence of "bodily injury" or "personal injury" to that person at whom any of the employment-related practices described in paragraphs (a), (b) or (c) above is directed.

This exclusion applies:

(2) ~~11~~ whether the Insured may be liable as an employer or in any other capacity; and

(3) ~~12~~ to any obligation to share damages with or repay someone else who must pay damages because of the injury.

add

(1) whether the injury-causing event described in Paragraphs (a), (b) or (c) above occurs before employment, during employment or after employment of that person;

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Corporate Services
Product Development & Compliance
49 East Fourth Street
Dixie Terminal North Building
6th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
1-800-605-6713
513.333.6996 fax



January 4, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Great American Insurance Group
Great American Assurance Company 084-26344 15-6020948
Great American Insurance Company of New York 084-22136 13-5539046
Commercial Multi-Peril - Safepak® Businessowners Policy Program
Revision of BP8341, Employment-Related Practices Exclusion
Form filing
Company File # SA AR 0712 ERPE

To Whom It May Concern:

The Great American Insurance Group, composed of the above referenced companies, hereby submits for your approval, a form filing for the revision of Safepak® Businessowners Policy Program's BP8341, Employment-Related Practices Exclusion. This endorsement has been revised to clarify specifically that malicious prosecution is an excluded employment practice and that the exclusion applies whether the injury-causing event described in the endorsement occurs before, during or after employment of that person. This mandatory endorsement will be attached to all Safepak policies and has no rate impact.

We request this filing be made applicable to all policies written on or after February 5, 2008.

Sincerely,

Rose Redman
Product Analyst
Phone: 513 -763-7904
Email: rredman@ gaic.com